

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application/Patent Number</td> <td>6,750,199 B2</td> </tr> <tr> <td>Filing/Issue Date</td> <td>June 15, 2004</td> </tr> <tr> <td>First Named Inventor/Patentee</td> <td>William V. Curran</td> </tr> <tr> <td>Confirmation Number</td> <td>3899</td> </tr> <tr> <td>Group Art Unit</td> <td>1654</td> </tr> <tr> <td>Examiner Name</td> <td>Russel, Jeffrey E.</td> </tr> <tr> <td>Attorney Docket Number</td> <td>4408.1002-004</td> </tr> </table>	Application/Patent Number	6,750,199 B2	Filing/Issue Date	June 15, 2004	First Named Inventor/Patentee	William V. Curran	Confirmation Number	3899	Group Art Unit	1654	Examiner Name	Russel, Jeffrey E.	Attorney Docket Number	4408.1002-004
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<p>I hereby revoke all previous powers of attorney given in the above-identified application.</p>															
<p><input type="checkbox"/> I hereby appoint the following practitioner(s): [Not to exceed 10]</p> <p>_____</p> <p style="text-align: center;">OR</p> <p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 021005</p>															
<p>Please change the correspondence address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> Customer Number 021005 Hamilton, Brook, Smith & Reynolds, P.C. 530 Virginia Road P.O. Box 9133 Concord, Massachusetts 01742-9133</p> <p><input type="checkbox"/> Other _____</p>															
<p>Please direct all telephone calls and facsimiles to:</p> <p>Name <u>Susan G. L. Glovsky</u> Tel. No. <u>(978) 341-0036</u> Fax No. <u>(978) 341-0136</u></p>															
<p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor.</p> <p><input checked="" type="checkbox"/> Authorized representative of the Assignee, BioSource Pharm, Inc., of the entire interest. See 37 CFR § 3.71. A Statement under 37 CFR § 3.73(b) is enclosed.</p> <p><input type="checkbox"/> Authorized representative of the Assignee, [FILL IN WITH NAME OF ASSIGNEE], together with [FILL IN WITH NAME OF ASSIGNEE], of the entire interest. A Statement under 37 CFR § 3.73(b) is enclosed.</p>															
<p>SIGNATURE of Applicant or Assignee of Record</p>															
Signature	<i>Donald B. Borders</i>														
Name & Title	<i>Donald B. Borders</i>														
Date	<i>October 6, 2010</i>														